

School Enrollment Form

Our Team Nutrition School Leader is:

First Name _____ Last Name _____

Title _____ School's Name _____

School Enrollment _____ Grades Taught _____

School District _____ School's County _____

School Street Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

E-mail address _____

We agree to:

- Support USDA's Team Nutrition mission and principles.
- Demonstrate a commitment to help students meet the Dietary Guidelines for Americans.
- Designate a Team Nutrition School Leader who will establish a team.
- Distribute Team Nutrition materials to teachers, students and parents as appropriate.
- Involve teachers, students, parents, food service personnel, and the community in interactive nutrition education activities.
- Demonstrate a well-run Child Nutrition Program.
- Share successful strategies and programs with other Team Nutrition Schools.

We certify our school does not have any outstanding over claims or significant program violations in our meal program.

(Print) School Principal/Administrator

(Print) School Food Service Manager

Signature

Signature

Date

Date

**Return form to: Patti Delger, Team Nutrition Grant Project Director,
Bureau of Nutrition, Health and Transportation Services, Grimes State Office Building, 400 East
14th St., Des Moines, IA 50319-0146 or Fax 515-281-6548 or email patti.delger@iowa.gov
Phone 515-281-5676**